

Please type a plus sign (+) inside this box → +

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	60,130-1901; 03MRA0389/90/91
	First Named Inventor	Joseph A. Fader
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	Herewith
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">SPRAY FORMED STABILIZER BAR LATERAL RETAINER</div> <div style="text-align: center; margin: 5px 0;"><i>(Title of the Invention)</i></div> the specification of which <input checked="" type="checkbox"/> is attached hereto OR <input type="checkbox"/> was filed on (MM/DD/YYYY) <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> as United States Application Number or PCT International Application Number <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> and was amended on (MM/DD/YYYY) <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed. <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Prior Foreign Application Number(s)</th><th>Country</th><th>Foreign Filing Date (MM/DD/YYYY)</th><th>Priority Not Claimed</th><th colspan="2">Certified Copy Attached?</th></tr><tr><th></th><th></th><th></th><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td></td><td></td><td></td><td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td></tr></tbody></table> <input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Application Number(s)</th><th>Filing Date (MM/DD/YYYY)</th></tr></thead><tbody><tr><td></td><td></td></tr></tbody></table> <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?						YES	NO				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Application Number(s)	Filing Date (MM/DD/YYYY)		
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?																						
				YES	NO																					
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																					
Application Number(s)	Filing Date (MM/DD/YYYY)																									

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☒

PTO/SB/01 (10-00)


Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or D sign Patent ApplicationDirect all correspondence to: ☒ Customer Number or Bar Code Label **026096** OR ☐ Correspondence address belowName **David L. Wisz**Address **400 W. Maple Road**Address **Suite 350**City **Birmingham**State **Michigan**ZIP **48009**Country **United States**Telephone **(248) 988-8360**Fax **(248) 988-8363**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :☐ A petition has been filed for this unsigned inventorGiven Name **Joseph A.**
(first and middle [if any])Family Name **Fader**
or SurnameInventor's
SignatureDate **12/5/03**Residence: City **Brighton**State **MI**Country **U.S.**Citizenship **U.S.**Mailing Address **6812 Rink**

Mailing Address

City **Brighton**State **MI**ZIP **48114**Country **U.S.****NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventorGiven Name **Mark Allen**
(first and middle [if any])Family Name **Kleckner**
or SurnameInventor's
SignatureDate **12/5/03**Residence: City **Lake Orion**State **MI**Country **U.S.**Citizenship **U.S.**Mailing Address **2929 Buckner Rd.**

Mailing Address

City **Lake Orion**State **MI**ZIP **48362**Country **U.S.**☒ Additional inventors are being named on the 3 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

[Page 2 of 2]

Please type a plus sign (+) inside this box → +

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032


U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>3</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Maurice A.		Bechard	
Inventor's Signature <i>Maurice Bechard</i>		Date <i>Oct. 21/03</i>	
Residence: City Tupperville	State Ontario	Country Canada	Citizenship Canada
Mailing Address 10 Victoria Street			
Mailing Address			
City Tupperville	State Ontario	ZIP NOP 2M0	Country Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Stephen		Yue	
Inventor's Signature		Date	
Residence: City Montreal	State Quebec	Country Canada	Citizenship British
Mailing Address 2141 Prud'homme Avenue			
Mailing Address			
City Montreal	State Quebec	ZIP H4A 3H3	Country Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Luiz G.		Lopes, Jr.	
Inventor's Signature		Date	
Residence: City Troy	MI State	Country U.S.	Citizenship Brazil
Mailing Address 2040 Somerset Blvd., #202			
Mailing Address			
City Troy	State MI	ZIP 48084	Country U.S.

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box 

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>3</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Maurice A.		Bechard	
Inventor's Signature			Date
Residence: City	Tupperville	State	Ontario
		Country	Canada
Citizenship			
Canada			
Mailing Address			
10 Victoria Street			
Mailing Address			
City	Tupperville	State	Ontario
		ZIP	N0P 2M0
		Country	Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Stephen		Yue	
Inventor's Signature			Date
Residence: City	Montreal	State	Quebec
		Country	Canada
Citizenship			
British			
Mailing Address			
2141 Prud'homme Avenue			
Mailing Address			
City	Montreal	State	Quebec
		ZIP	H4A 3H3
		Country	Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Luiz G.		Lopes, Jr.	
Inventor's Signature			Date
Residence: City	Troy	MI	State
		Country	U.S.
Citizenship			
Brazil			
Mailing Address			
2040 Somerset Blvd., #202			
Mailing Address			
City	Troy	State	MI
		ZIP	48084
		Country	U.S.

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → 

PTO/SB/02A (11-00)

Approved for use through 10/31/2002, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)****Supplemental Sheet**Page 1 of 3**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Maurice A.

Bechard

Inventor's
Signature

Date

Residence: City TuppervilleState OntarioCountry CanadaCitizenship CanadaMailing Address 10 Victoria Street

Mailing Address

City TuppervilleState OntarioZIP N0P 2M0Country Canada**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Stephen

Yue

Inventor's
Signature

Date

Residence: City MontrealState QuebecCountry CanadaCitizenship BritishMailing Address 2141 Prud'homme Avenue

Mailing Address

City MontrealState QuebecZIP H4A 3H3Country Canada**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Luiz G.

Lopes, Jr.

Inventor's
Signature

Date

DEC 05 '03Residence: City TroyState MICountry U.S.Citizenship BrazilMailing Address 2040 Somerset Blvd., #202

Mailing Address

City TroyState MIZIP 48084Country U.S.

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →



PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 2 of 3**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

William James

Elders

Inventor's
Signature

12/5/03.
Date

Residence: City

Chatham

State

Ontario

Country

Canada

Citizenship

Canada

Mailing Address

116 Sylvester Drive

Mailing Address

City Chatham

State

Ontario

ZIP

N7M 5P4

Country

Canada

Name of Additional Joint Inventor, if any:☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Timothy James

Sowinski

Inventor's
Signature

Date

Residence: City

Chatham

State

Ontario

Country

Canada

Citizenship

Canada

Mailing Address

25 Taylor Avenue

Mailing Address

City Chatham

State

Ontario

ZIP

N7L 2T4

Country

Canada

Name of Additional Joint Inventor, if any:☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Leo

Medeiros

Inventor's
Signature

Date

Residence: City

Guelph

State

Ontario

Country

Canada

Citizenship

Canada

Mailing Address

19 Hales Crescent

Mailing Address

City Guelph

State

Ontario

ZIP

N1G 1P4

Country

Canada

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

12/08/2003 MON 9:33 FAX 519 354 5325 MERITOR SSC →→→ TROY

002/003

Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032


U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 2 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
William James		Elders	
Inventor's Signature		Date	
Residence: City Chatham	State Ontario	Country Canada	Citizenship Canada
Mailing Address 116 Sylvester Drive			
Mailing Address			
City Chatham	State Ontario	ZIP N7M 5P4	Country Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Timothy James		Sowinski	
Inventor's Signature 		Date 12/08/03	
Residence: City Chatham	State Ontario	Country Canada	Citizenship Canada
Mailing Address 25 Taylor Avenue			
Mailing Address			
City Chatham	State Ontario	ZIP N7L 2T4	Country Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Leo		Medeiros	
Inventor's Signature		Date	
Residence: City Guelph	State Ontario	Country Canada	Citizenship Canada
Mailing Address 19 Hales Crescent			
Mailing Address			
City Guelph	State Ontario	ZIP N1G 1P4	Country Canada

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box ☐

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>3</u>
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
William James		Elders	
Inventor's Signature		Date	
Residence: City Chatham	State Ontario	Country Canada	Citizenship Canada
Mailing Address 116 Sylvester Drive			
Mailing Address			
City Chatham	State Ontario	ZIP N7M 5P4	Country Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Timothy James		Sowinski	
Inventor's Signature		Date	
Residence: City Chatham	State Ontario	Country Canada	Citizenship Canada
Mailing Address 25 Taylor Avenue			
Mailing Address			
City Chatham	State Ontario	ZIP N7L 2T4	Country Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Leo		Medeiros	
Inventor's Signature <i>Leo Medeiros</i>		Date 10/9/03	
Residence: City Guelph	State Ontario	Country Canada	Citizenship Canada
Mailing Address 19 Hales Crescent			
Mailing Address			
City Guelph	State Ontario	ZIP N1G 1P4	Country Canada

Patent Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →



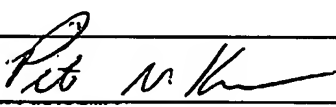
PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)****Supplemental Sheet**Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Pete Nick		Kiouisis	
Inventor's Signature 		Date <u>11/24/03</u>	
Residence: City <u>Birmingham</u>	State <u>MI</u>	Country <u>U.S.</u>	Citizenship <u>U.S.</u>
Mailing Address <u>1594 Sheffield</u>			
Mailing Address			
City <u>Birmingham</u>	State <u>MI</u>	ZIP <u>48009</u>	Country <u>U.S.</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.